

Ph.D. Dissertation Defense Completion Form

Student Name: _____ Student number: _____

The above named candidate has PASSED FAILED

The Ph.D. Dissertation Defense concluded on _____ according to the
Committee. Date

Signatures of Committee Members
(Please sign full names legibly)

Pass Fail

_____ **Chair**

_____ **Member**

_____ **Member**

_____ **Member**

_____ **Member**

Submitted by: _____		_____	Department/Program: _____
Advisor	Date		
_____	_____		
IMS Coordinating Committee Member	Date		